## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 24 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporation BUILDIN	NG MAINTENANCE SERV					1111 1111 1111 1111 1111 1111 1111 1111 1111
Principal Place of Business Mailing Address					. Indicate to faith divin about abili daile daile	
1261 WEST KING STREET 1281 WEST KING STREE			T		(	
COCOA FL 3	2922	COCOA FL 32922			DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	
					01/01/1995	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26				59-3285300	Not Applicable
<b>–</b>	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	<u> </u>	City & State	<del></del>		A Floring Councils Financia	<del></del>
3		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	<del></del>	8. This corporation owes or has paid the	<del></del>
4	25	i - i	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr				10. Name and Address of New Registers	ed Agent
BEI	RNEY, VICKI D		81	Name		
6366 BRACK ST			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
COCOA FL 32927					,	
			83			
			84	City		. 85 Zip Code
					rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	L
SIGNATURE	Signature typed or printed name of registered OFFICERS A	agent and title if applicable (NOTE AND DIRECTORS	Registered Age	ent signature req	Ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TOTLE	PSD	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	BERNEY, VICKI D		1.2 NAME			
STREET ADDRESS	6366 BRACK STREET		1.3 STREET	ADDRESS		
CITY-ST-ZIP	COCOA FL		1,4 CITY-ST-ZIP			
TITLE	VPTD	☐ DELETE	2.1 TITLE			Change Addition
NAME	Berney, Fred R		2.2 NAME			
STREET ADDRESS	6366 BRACK STREET		23 STREET	ADDRESS		
CITY-ST-ZIP	COCOA FL		2. 4 CITY-	ST-ZIP		
TITLE		L DELETE	3.1 YITLE			Change Addition
NAME			3.2 NAME			
STREET ADORESS			3,3 STREE1			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change Addition
NAME		DECENT	4.1 TITLE 4. 2 NAME			CT committee CT vacations
STREET ADDRESS						
1			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-5			
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME (			6.2 NAME			
STREET ADDRESS			6.3 STREE1	ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP